



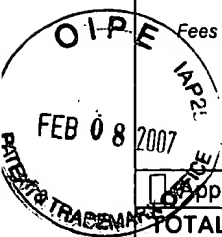
1631

| | | |
|---|----------------------|----------------------------|
| TRANSMITTAL FORM (To be used for all correspondence after initial filing) | Application Number | 09/869,229 |
| | Filing Date | June 25, 2001 |
| | First Named Inventor | Richard Ian Christopherson |
| | Art Unit | 1631 |
| | Examiner Name | Carolyn L. Smith |
| | Attorney Docket No. | 650061.401USPC |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): _____ _____ _____ _____ |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|---------------------------------|--------|
| Firm Name | Seed Intellectual Property Law Group PLLC | Customer Number 00500 | |
| Signature | <i>Mae Joanne Rosok</i> | | |
| Printed Name | Mae Joanne Rosok | | |
| Date | February 6, 2007 | Reg. No. | 48,903 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|-------------------|------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Signature | | |
| Typed or printed name | Linda Murphy West | Date: February 6, 2007 |



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Complete if Known

| | |
|----------------------|----------------------------|
| Application Number | 09/869,229 |
| Filing Date | June 25, 2001 |
| First Named Inventor | Richard Ian Christopherson |
| Examiner Name | Carolyn L. Smith |
| Art Unit | 1631 |
| Attorney Docket No. | 650061.401USPC |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-------------------------|--------------|----------|---------------|---------------------------|
| _____ -20 or HP = _____ | X | _____ | _____ | Fee (\$) |
| | | | | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|------------------------|--------------|----------|---------------|
| _____ -3 or HP = _____ | X | _____ | _____ |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

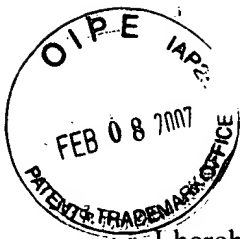
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------------|--------------|--|----------|---------------|
| _____ -100 = _____ | /50 = _____ | _____ (round up to a whole number) | x _____ | _____ |

4. OTHER FEE(S)

| Non-English Specification, \$130 fee (no small entity discount) | Fees Paid (\$) |
|---|----------------|
| Other (e.g., late filing surcharge): Information Disclosure Statement | 180 |

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------|-----------------------------------|------------------|-----------|--------------|
| Signature | <i>Mae Joanne Rosok</i> | Registration No. (Attorney/Agent) | 48,903 | Telephone | 206-622-4900 |
| Name (Print/Type) | Mae Joanne Rosok | Date | February 6, 2007 | | |



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

February 6, 2007
Date

Linda Murphy West
Linda Murphy West

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Richard Ian Christopherson et al.
Application No. : 09/869,229
Filed : June 25, 2001
For : AN ASSAY TO DETECT A BINDING PARTNER
Examiner : Carolyn L. Smith
Art Unit : 1631
Docket No. : 650061.401USPC
Date : February 6, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SEVENTH SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Commissioner for Patents:

In accordance with 37 C.F.R. §§ 1.56 and 1.97 through 1.98, applicants wish to make known to the U.S. Patent and Trademark Office the reference set forth on the attached Information Disclosure Statement. Copies of cited U.S. patents and published patent applications are not required and accordingly have not been provided. As to any reference cited, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 C.F.R. § 1.131 or other method. Although the aforesaid reference is made known to the U.S. Patent and Trademark Office in compliance with applicants' duty to disclose all information they are aware

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of that is believed relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

A fee of \$180 is submitted in accordance with 37 C.F.R. § 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,
Seed Intellectual Property Law Group PLLC

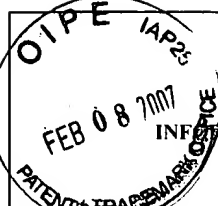


Mae Joanne Rosok
Registration No. 48,903

MJR:lw
Enclosures:
 Check
 Information Disclosure Statement

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Phone: (206) 622-4900
Fax: (206) 682-6031

903380_1.DOC

| | | | | |
|--|---|--|--|--------------------------------------|
|  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTY. DOCKET NO. 650061.401USPC | APPLICATION NO. 09/869,229 |
| | INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary) | | APPLICANTS Richard Ian Christopherson et al. | |
| | | | FILING DATE June 25, 2001 | GROUP ART UNIT 1631 |

U.S. PATENT DOCUMENTS

| *EXAMINER INITIAL | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE IF APPROPRIATE |
|----------------------|----|-----------------|---------|-------------------|-------|----------|-------------------------------|
| | AA | 6,265,150 | 7/24/01 | Terstappen et al. | 435 | 5 | |
| | AB | | | | | | |
| | AC | | | | | | |
| | AD | | | | | | |
| | AE | | | | | | |
| | AF | | | | | | |
| | AG | | | | | | |
| | AH | | | | | | |
| | AI | | | | | | |
| | AJ | | | | | | |

FOREIGN PATENT DOCUMENTS

| | | DOCUMENT NUMBER | DATE | COUNTRY | TRANSLATION | |
|--|----|--------------------|------|---------|-------------|----|
| | | | | | YES | NO |
| | AK | | | | | |
| | AL | | | | | |
| | AM | | | | | |
| | AN | | | | | |
| | AO | | | | | |

OTHER PRIOR ART *(Including Author, Title, Date, Pertinent Pages, Etc.)*

| | | | |
|--|----|--|--|
| | AP | | |
| | AQ | | |
| | AR | | |

EXAMINER

DATE CONSIDERED

* EXAMINER: Initial if reference considered, whether or not criteria is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).